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Phoebe K. Phillips**COMPANY:**
USPTO**DATE:**
December 14, 2005**FAX NO.:**
(571) 273-8300**TOTAL NO. OF PAGES:** (including cover sheet)
14**YOUR REFERENCE NO.:****OUR REFERENCE (C/M) NO.:**
004770.00136**RE:** U.S. Patent Appln. No. 10/657,646
In the Appln. Vare, et al.
GEOGRAPHICAL POSITION EXTENSION IN MESSAGING FOR A TERMINAL NODE*If you do not receive all page(s) or have any problems receiving this transmission, please call:***NAME:**
Lydia Vega**PHONE:**
312-463-5539**COMMENTS:****Response to Restriction Requirement**

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/657,648
		Filing Date	September 8, 2005
		First Named Inventor	Jani Väre
		Art Unit	2683
		Examiner Name	Le, Danh, C.
Total Number of Pages in This Submission	14	Attorney Docket Number	004770.00136

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Coversheet
Remarks The Commissioner is authorized to debit or credit any deficiency or overpayment to Deposit Account No. 18-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Phoebe Phillips Bower Reg. No. 56,431
Signature	<i>Phoebe Phillips Bower</i>
Date	December 14, 2005

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	<i>Sean Haden</i>	Date
Signature		December 14, 2005

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Apph. No.: 10/657,646
Office Action Dated: November 15, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 004770.00136)

In the Application of:)	
Jani Vare)	
Kari Virtanen)	
Serial No. 10/657,646)	Group Art Unit: 2683
Filed: September 8, 2003)	Examiner: Le, Danh C.
For: Geographical Position Extension in)	Confirmation Number: 2839
Messaging for a Terminal Node)	

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Mail Stop Amendment
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed November 15, 2005, please consider the instant application as follows:

Applicants do not believe any fees are due in connection with the filing of this response, but Commissioner is hereby authorized to charge any fee or credits to deposit account no. 19-0733.

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.